Occupational Health Strategic Planning

State of Our Union

NASA Annual Occupational Health Conference
Denver, Colorado

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NPD 1000.3 - The NASA Organization
Office of the Chief Health & Medical Officer
(cont'd)

- **Occupational Health Responsibilities**
  - Provide review and oversight of health care delivery, assurance of professional competency, and quality and consistency of health care services Agency-wide (Agency Annual Statement of Assurance)
  - Formulate occupational health policies
  - Serve as the Designated Agency Safety and Health Officer (DASHO) liaison to the Department of Labor

NPD 1000.3 - The NASA Organization
Office of the Chief Health & Medical Officer

- **Occupational Health Responsibilities**
  - Ensure Agency compliance with all statutory and regulatory requirements regarding the safe and ethical execution of medical practice
  - Ensure that all employees are provided healthful workplaces free from exposures to harmful substances or conditions
  - Provide advice and consultation to NASA Centers in relevant occupational health areas

FY ‘06 Planned Objectives

- **Complete 8 occupational health reviews**
- **Hold final OCHMO-sponsored Health and Safety Directors meeting**
- **Compile first draft of Matrix G for physical examinations**
- **Begin drafting NPR 1800.1A update**
  - Appoint revision team
  - Make topical revision assignments; hold periodic status updates

Status of FY '06 Planned Objectives

- **Completed 8 occupational health reviews**
- **Held final OCHMO-sponsored Health and Safety Directors meeting**
- **Compiled first draft of Appendix/Matrix G for physical examinations**
  - Distributed draft to medical and nursing for review and comment
- **Began draft of NPR 1800.1A update**
  - Appointed revision team
  - Made topical revision assignments
  - Held periodic status updates

Anticipated 2007 Accomplishments – Based on Last Strategic Planning

- **In conjunction with CIO develop and submit baseline Health IT Score Card to OMB**
  - Maintain or improve initial OMB-determined rating.
  - Monitor score card activities and furnish quarterly status reports in a timely manner
- **Select and test HRA for Agency-wide use**
  - Allow at least one year for acceptance testing
  - Launch HRA with recorded OCHMO/OSMA video
  - Follow w/ periodic Agency-wide e-mail reminders
- **Conduct security certification and authentication of EHRS software at NASA Data Center**

Anticipated 2007 Accomplishments – Based on Last Strategic Planning *(cont'd)*

- **In conjunction with Indian Health Service, test EHRS processes at designated NASA installation**
  - Based on original Indian Health Service recommendation, roll-out location planned for small Center (WFF)
  - After reviewing on site clinic processes, Indian Health Service recommends roll-out at KSC
  - Due to the recompetition of KSC clinic health services, NASA concerned re: potential future award protest
  - Roll-out moved back to a small Center
    - (SSC) recommended for advantage of serving multiple tenants

2007 Accomplishments

- **Submitted 3rd quarter Health IT Interoperability Score Card report thru OCIO to OMB**
  - Maintained initial OMB rating.
  - NASA rated "Green" by OMB for 2nd and 3rd quarters
- **Launched Mayo Clinic Embody Health**
  - Taped roll-out announcement by CHMO and Chief Safety and Mission Assurance Officer

2007 Accomplishments *(con't)*

- **Initiated security certification and authentication testing of EHRS software at NASA Data Center**
  - Preliminary testing successful; will continue into coming months
  - **Final decision for initial NASA installation roll-out site to be at SSC**
  - Planned for coordination and support by Indian Health Service at first roll-out

Externally Driven Adjustments to 2007 Plans

- Retirement of Dr. William Barry
- Astronaut Review Committee established
- Deep Institutional (CMO) budget cuts
- Agency began significant, mandatory 5-year reduction of travel resource allocations

Externally Driven Adjustments to 2007 Plans

- **Changes to EHRS roll-out location**
  - **Site changed twice in less than a year while waiting for DCAA audit results and release of new procurement**
- **Strong resistance to release of revised NPR 1810.1A**
  - **Revision added requirement for NASA clinic "certification" of medical clearance by private physician**
  - **Certification made a required step in Travel Manager**

Impact of Externally Driven Adjustments

- **MRO functions temporarily transferred to Dr. Tipton, KSC**
- **CHMO heavily engaged in arranging astronaut review**
  - Unanticipated drain on ’07 travel funds despite targeted augmentation
- **Centers feeling impact of (CMO) budget cuts**
  - Increasing requests for OCHMO advocacy
- **Shortfall in OCHMO ‘07 travel budget**
  - Lien against ’08 travel resources allotment
- **EHRS roll-out site decision reversed back to smaller installation**
- **Revised NPR 1810.1A by removing NASA clinics from mandatory Travel Medicine clearance process**

Additions/Changes to 2007 Plans

- **Medsphere Requested and Granted a 30-day Extension for Bid Submission after Buyout of Only Previous Candidate, CIAi**
  - Both companies considered sole-source providers
  - Bid not received by 6/29/07 extension due date
  - NASA and Medsphere both adjusting to key personnel changes
  - 7/3/07 Medsphere requested another 30-day extension
  - OCHMO recommended rejection of request but agreed Procurement could offer two-week extension
    - Procurement advised bidder that further delay may result in loss of funding availability

Additions/Changes to 2007 Plans

- **KSC Contracting Officer notified by Medsphere on 7/20/07 that proposal likely to be more than double original proposal**
  - Contracting Officer believes we can negotiate some, but unlikely to get price tag within original $1.4M range
  - Cannot proceed without Agency increase in EHRS budget
  - Other options considered
    - Re-visit existing commercial systems
    - Use budgeted, obligated funds to develop internal employee EHRS in conjunction with the existing JSC LASH

Additions/Changes to 2007 Plans *(cont'd)*

- **National Health Information Network (NHIN) Formed at Federal Level**
  - NASA invited to be a member
  - Inaugural Mtg held 6/26/07; weekly mtg schedule
  - First membership includes DoD, VA, HHS,IHS, FAA, VHA, HRSA, NASA, CDC, and DOE
  - Charter Objectives/Tasks
    - Develop coherent Federal strategy for connecting to NHIN
    - Develop Federal requirements
    - Develop a NHIN Participation Plan
    - Develop Awareness/Education briefings

Additions/Changes to 2007 Plans *(cont'd)*

- **NHIN Federal Consortium Task Force**
  - Authority derived from the Office of the National Coordinator for Health Information Technology (ONC)
  - Proposed charter and four basic deliverables adopted 7/3/07
  - Success Measures/Metrics
    - Seat/vote for the Federal Consortium's representative on the NHIN Cooperative
    - Develop and finalize the Federal Strategy for NIHN participation
    - Finalize the Federal Requirements for NHIN

Additions/Changes to 2007 Plans *(cont'd)*

- **NHIN Task Force ground rules**
- **Assumptions**
  - 2006 Agency for Healthcare Research and Quality Study reports that quantifiable benefits would outweigh investment costs
  - Predicted break-even time estimated at 3 to 13 years

- **Risks, Dependencies, and Constraints**
  - Maintenance of privacy, security, and confidentiality of beneficiaries health information relative to health IT transactions
  - Compliance with all Federal, state, and local laws, regulations, and policies
  - Availability of Federal resources

Additions/Changes to 2007 Plans *(cont'd)*

International Health Regulations - Why?

A health threat in one part of the world
can threaten health anywhere or
everywhere

Additions/Changes to 2007 Plans *(cont'd)*

International Health Regulations Time Line

- **May, 2005: World Health Assembly approves revised IHR**
- **Dec., 2006: U.S. accepts IHR w/ reservation and 3 understandings**
- **June 15, 2007: initial start date for revised IHR**
- **July 18, 2007: U.S. starts adherence to revised IHR**
- **June, 2009: member countries complete assessment of national infrastructures to meet minimum core capabilities**
- **2012: within 5 years after IHR initiation, member countries expected to achieve required minimum level of core capabilities unless extension granted**
- **2014: end of 2-year extensions unless by exception of World Health Org.**
- **2016: end of final 2-year extensions (for exceptional circumstances)**

Additions/Changes to 2007 Plans *(cont'd)*

International Health Regulations

- What? -formal code of conduct for international public health emergencies
- Why? -a matter of responsible citizenship and collective protection
- Who? - all World Health Organization (WHO) Member Countries
- When? -July 18, 2007

Additions/Changes to 2007 Plans *(cont'd)*

Revised International Health Regulations

- Notify WHO of events meeting defined criteria, including radiological and chemical events
- Enhance their events management- especially alert and response capabilities
- Meet minimum core capacities- notably in surveillance, response, and at points of entry

Additions/Changes to 2007 Plans *(cont'd)*

United States Accepts IHR with reservation and three understandings

- Reservation

  The U.S. will implement the IHR under the principals of federalism (power divided between central authority (Federal government) and constituent political units (State and local governments)

Additions/Changes to 2007 Plans *(cont'd)*

United States Accepts IHR with reservation and three understandings

Understandings:

- Incidents involving natural, accidental or deliberate release of chem., bio. or radiological materials **must be reported**
- Member countries obligated to report to fullest possible extent, potential public health emergencies that occur outside their borders
- The IHR do not create any separate private right to litigation against the Federal government

Additions/Changes to 2007 Plans *(cont'd)*

United States Accepts IHR

CDC assumes the lead role in IHR implementation

As it related to human disease

(Detection, Prevention and Control)

Additions/Changes to 2007 Plans *(cont'd)*

Public Health Emergency of International Concern (PHEIC)

- Is public health impact of event serious?
- Is the event unusual or unexpected?
- Is there a significant risk of international spread?
- Is there a significant risk of international travel or trade restriction?

Additions/Changes to 2007 Plans *(cont'd)*

International Health Regulations
Practically Correct

"As we have seen most recently with SARS and H5N1 avian influenza, diseases respect no boundaries. In today's world, a threat anywhere means danger everywhere."

December 13, 2006

HHS Secretary Michael Leavitt

On U.S. acceptance of revised IHR

Agency-wide HRA Instrument

OCHMO needs your assistance in recruitment for EmbodyHealth registration and participation in its HRA

- Registration starts with the OH community
- Agency-wide instrument will standardize health data collection, help OCHMO justify and support OH programs, and ultimately feed into the EHRS

Agency-wide HRA Instrument *(cont'd)*

- **Mayo Embody Health enrollment hampered by restriction on use of "Heads Up" for advertisement**
- **Preliminary demographic data good but level of participation disappointing**
- **NASA custom questions (WLQ) to be analyzed at end of first year**
  - As of week of 7/9/07 total registration at just over 2400
  - Registration limited to civil service employees, their families and all OH personnel
    - 1277 males
    - 1140 females

Agency-wide HRA Instrument *(cont'd)*

- **Mayo Embody Health HRA data to date**
  - 51% of registrants complete HRA
  - Mayo requires more than 50 completed HRAs per site for desired analysis
    - Seven (7) of smaller installations <50 HRAs completed
  - 58% participants in 40-59 age category
    - Nearly 10% are 60+
  - 52% are men

Agency-wide HRA Instrument *(cont'd)*

- **Mayo Embody Health HRA data to date (con't)**
  - Most prevalent medical conditions
    - Allergies (31.5%)
    - Hypercholesterolemia (19.7%)
    - Hypertension (14.8%)
    - Depression (10.5%)
  - Most prevalent medications
    - Allergies (16.1%)
    - Hypertension (15.3%)
    - Hypercholesterolemia (13.2%)
    - Depression (6.7%)

Agency-wide HRA Instrument *(cont'd)*

- **Mayo Embody Health HRA data to date (con't)**
  - Most prevalent lifestyle risk factors
    - Nutrition (81.6%)
    - Safety (73.2%)
    - Stress (63.3%)
    - Exercise (45.7%)
  - Risk factors most ready to change
    - Exercise (15.2%)
    - Weight (13.5%)
    - Nutrition (12.8%)
    - Stress (2.5%)

2008 OH Conference